How To Submit A Sample For Rabies Testing

Determine the category of the exposure and whether testing is necessary.

Rabies post-exposure treatment modalities

Definition of categories of exposure and use of rabies biologicals:

Category III:

Single or multiple transdermal bites, scratches or contamination of mucous membrane with saliva (i.e. licks)

→ *use immunoglobulin plus vaccine*

Category II:

Minor scratches or abrasions without bleeding or licks on broken skin and nibbling of uncovered skin

→ *use vaccine alone*

Category I :

Touching, feeding of animals or licks on intact skin

→ *no exposure therefore no treatment if history reliable*

First,…

- The animal has to be euthanized

  -When euthanizing the animal please try to leave the brain intact.
- Determine if the head will need to be removed:

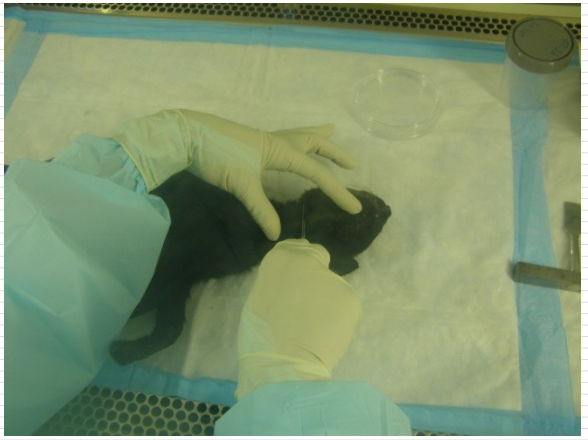
  - DO NOT try to remove the head of small animals, such as rats, mice, or bats (submit entire carcass).

  - DO remove the head of larger animals including, dogs, cats, and monkeys.

How To Remove the Head

- Wear appropriate personal protective equipment: mask, gloves, and apron.
- Locate the atlanto-occipital joint.

  -This is where the head bends.
- Access this joint from the front of the neck, between the base of the skull and the vertebrae.
- Try to leave as little neck as possible.



Second, Packaging the Head

- The head needs to be double bagged.
- The DD form 2620 (rabies submission form) needs to be filled out by the doctor, and also bagged separately.

  - Ziploc bags are preferred for the paperwork.

REQUEST FOR AND REPORT OF LABORATORY EXAMINATION FOR RABIES

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, United States Code, Sections 3013, 5013, and 8013.

PRINCIPAL PURPOSE(S): To provide for documentation of the results of laboratory examinations of a deceased animal for rabies.

ROUTINE USE(S): The results of the examinations are used to determine the proper medical management of patients potentially exposed to rabies because of a bite/scratch inflicted by the animal described and belonging to the owner named. The information may also be used to: aid in preventive health and communicable disease control programs; report medical conditions required by law to Federal, state, and local agencies; compile statistical data; conduct research; teach; assist in law enforcement, to include investigations and litigation; and evaluate the care provided.

DISCLOSURE: Voluntary; but if information is not provided, all pertinent and relevant information regarding the medical history of the animal cannot be evaluated. Comprehensive medical care to the individual potentially exposed to rabies may not be possible, but care will not be denied.

1. TO	2.a. FROM	b. TELEPHONE NUMBERS *(Incl. Area Code)*	
		(1) DUTY	(2) AFTER HOURS
		DSN	DSN
		COMMERCIAL	COMMERCIAL

SECTION I - REQUEST FOR TEST

PART A - IDENTIFICATION

3. OWNER OF ANIMAL *(Last Name, First, Middle Initial)*	4. ANIMAL		
	a. SPECIES	b. PET OR STRAY	c. AGE

PART B - SYMPTOMATOLOGY *(Past 3 to 5 days) (X all blocks that apply)*

5. COULD ANIMAL CLOSE MOUTH? ☐ UNKNOWN ☐ NO ☐ YES	6. SALIVATING? ☐ NO ☐ YES ☐ THIN/WATERY ☐ THICK/ROPY	7. ABLE TO DRINK WATER? ☐ UNKNOWN ☐ NO ☐ YES
8. LOSS OF APPETITE? ☐ UNKNOWN ☐ NO ☐ YES	9. EATING UNUSUAL THINGS? ☐ UNKNOWN ☐ NO ☐ YES	10. DIFFICULTY IN SWALLOWING? ☐ UNKNOWN ☐ NO ☐ YES
11. NERVOUS OR UNUSUAL BEHAVIOR? ☐ UNKNOWN ☐ NO ☐ YES	12. PARALYSIS OF ANY KIND? ☐ UNKNOWN ☐ NO ☐ YES	13. DATE FIRST NOTICED SICK
14. DATE OF DEATH	15. MANNER OF DEATH ☐ DIED ☐ EUTHANIZED	

PART C - HISTORY

16. HAD ANIMAL BEEN VACCINATED AGAINST RABIES? a. *(X one)* ☐ NO ☐ YES	b. DATE	c. TYPE OF VACCINE

PART D - HUMAN EXPOSURES

17. NAME *(Last, First, Middle Initial)* a.	ADDRESS *(Street, City, State, Zip Code)* b.	TELEPHONE NUMBER *(Include Area Code)* c.	BITTEN? *(Yes/No)* d.	SALIVA? *(Yes/No)* e.

18. CLINICAL DIAGNOSIS, NECROPSY FINDINGS, AND REMARKS

19. VETERINARIAN a. TYPED NAME *(Last, First, Middle Initial)*	b. GRADE	c. TITLE	d. SIGNATURE	e. DATE

SECTION II - LABORATORY REPORT OF RABIES EXAMINATION

20. DATE SPECIMEN RECEIVED	21. CONDITION		22. LAB ACCESSION NUMBER	
23. FLUORESCENT ANTIBODY RESULTS	**24.RESULTS TELEPHONED** a. TO	b. DATE	c. HOUR	d. BY

25. CELL CULTURE RESULTS	26. FINAL LABORATORY DIAGNOSIS

27. SUBMITTED BY a. TYPED NAME *(Last, First, Middle Initial)*	b. GRADE	c. TITLE	d. SIGNATURE	e. DATE

DD Form 2620, JUN 92

Packaging the Head, cont'd...

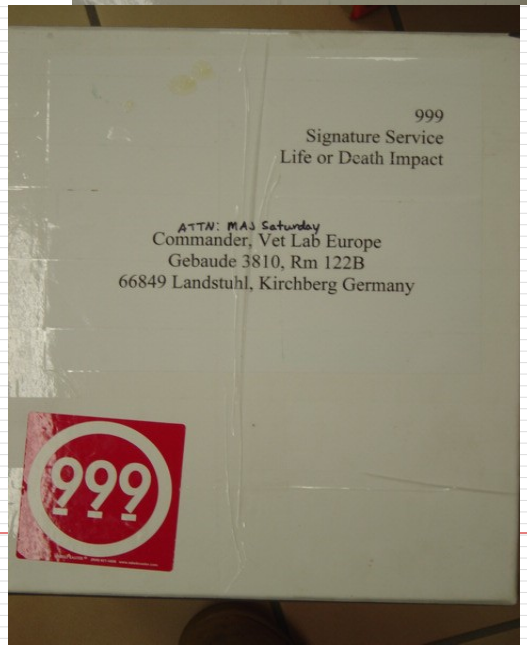
- Using a **styrofoam** box, add enough freezer packs to keep the brain well chilled.
- Also place absorbent material in the box to absorb the condensation and any possible leaks that may occur.

Packaging the Head, cont'd…

- The outside of the box needs to be labeled with the sender's and receiver's address.

  - Attn: Diagnostics Division
  Commander, Vet Lab Europe
  Gebaude 3810, Rm 122B
  66849 Landstuhl, Kirchberg Germany

- The upper right corner of the box needs to be labeled with "999, Signature Service, Life or Death Impact"
- Seal the box.



Third, Shipping the Sample

- Take the package to whoever is going to be shipping it:

  - MAC, Courier (FedEx, DHL), APO (not recommended).
- Fill out all paperwork according to the shipper's requirements.

  - **Note**: The contents of the package are "**Diagnostic Samples**". Do not write "Rabies" anywhere on the package or outside paperwork.
- Call or email the Vet Lab and let the **Diagnostics Section** know that a sample is coming.

Shipping the Sample, cont'd...

- VLE phone numbers:

  - **Main Office**: 486-8300, or +49 (0)6371-86-8300

  - **Rabies Technician**: 486-8968, or +49 (0)6371-86-8968

  - **Pathologist**: 486-8963, or +49 (0)6371-86-8963

- E-mail vetLab-Europe@amedd.army.mil when shipping a sample.
  - When emailing include: the tracking control number (TCN)
  - for the package, if there was any human exposure, date shipped, and species.

Tips/Reminders for Rabies Submissions

- Leave the brain intact.
- Remove the heads of dogs, cats, monkeys, and other large animals.
- **Don’t** remove the heads of rats, mice, bats, and other small animals.
- Leave as little neck as possible.
- **Don’t** remove the skin from the head.

Rabies Tips/Reminders cont'd…

- Double bag the head.
- Bag the **DD form 2620** and place inside the styrofoam box.
- **Don't** use the SF 515 to submit a rabies sample. This is not the authorized form.
- Place absorbent material in the package to absorb the moisture from leaks and condensation.
- **Don't** use cardboard boxes alone to ship a sample.

Rabies Tips/Reminders cont'd…

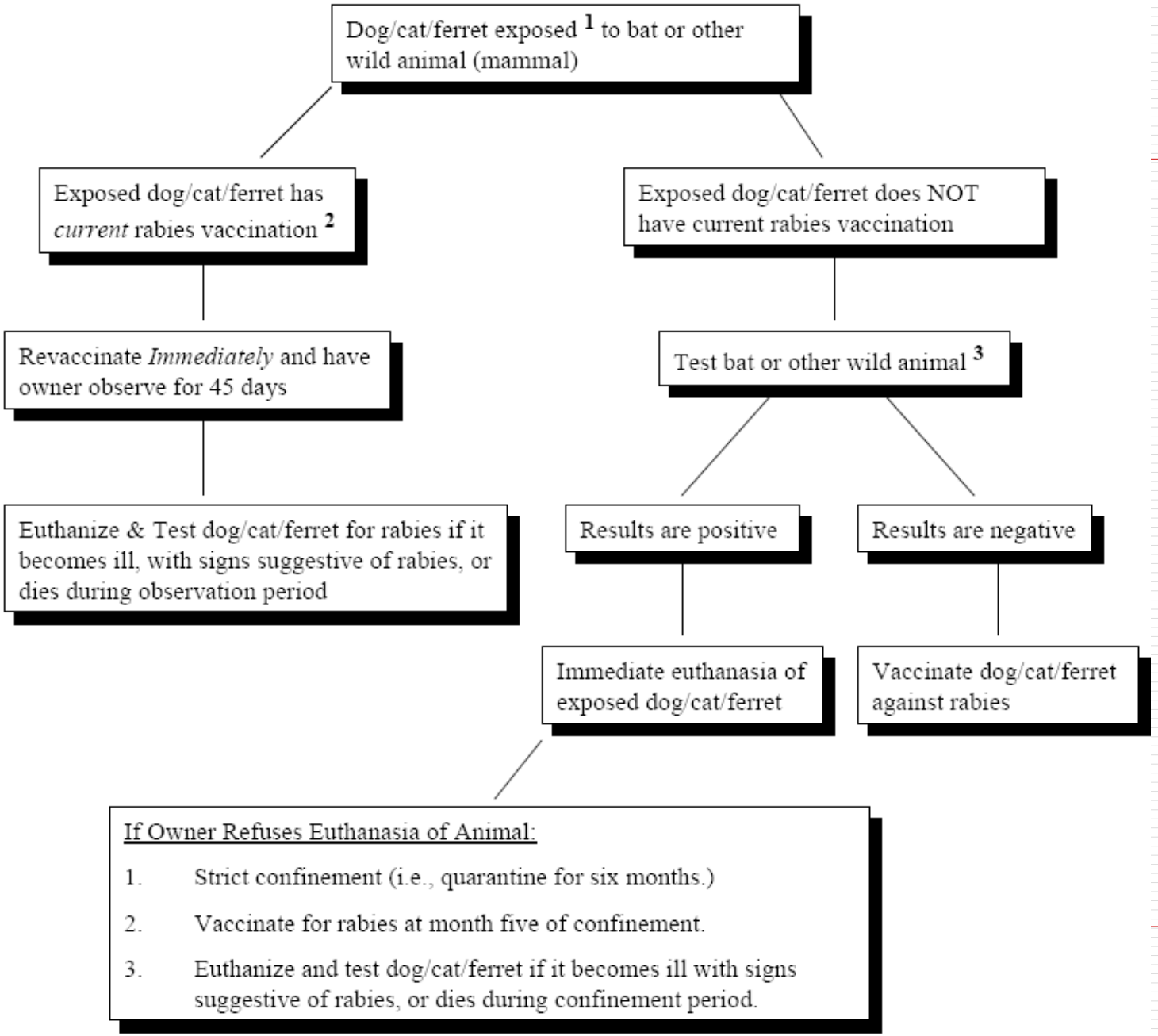
- Place enough freezer packs inside the box to keep the brain well chilled.
- **Don't** freeze the head. (Unless absolutely necessary)
- Label the package with appropriate addresses and "999".
- **Don't** write "Rabies" anywhere on the box or outside paperwork. (Use "**Diagnostic Sample**" instead)
- Call and let at least one authorized individual know there is an incoming sample.

Rabies Tips/Reminders cont'd…

- Send an e-mail to **<u>all</u>** authorized individuals that includes:
  - Tracking Number
  - Species
  - if there was any Human Exposure
  - Date Shipped (Use the numerical form, 18 Jan 07. Not "this morning".)

- **Don't** send rabies submissions and food submissions in the same box.

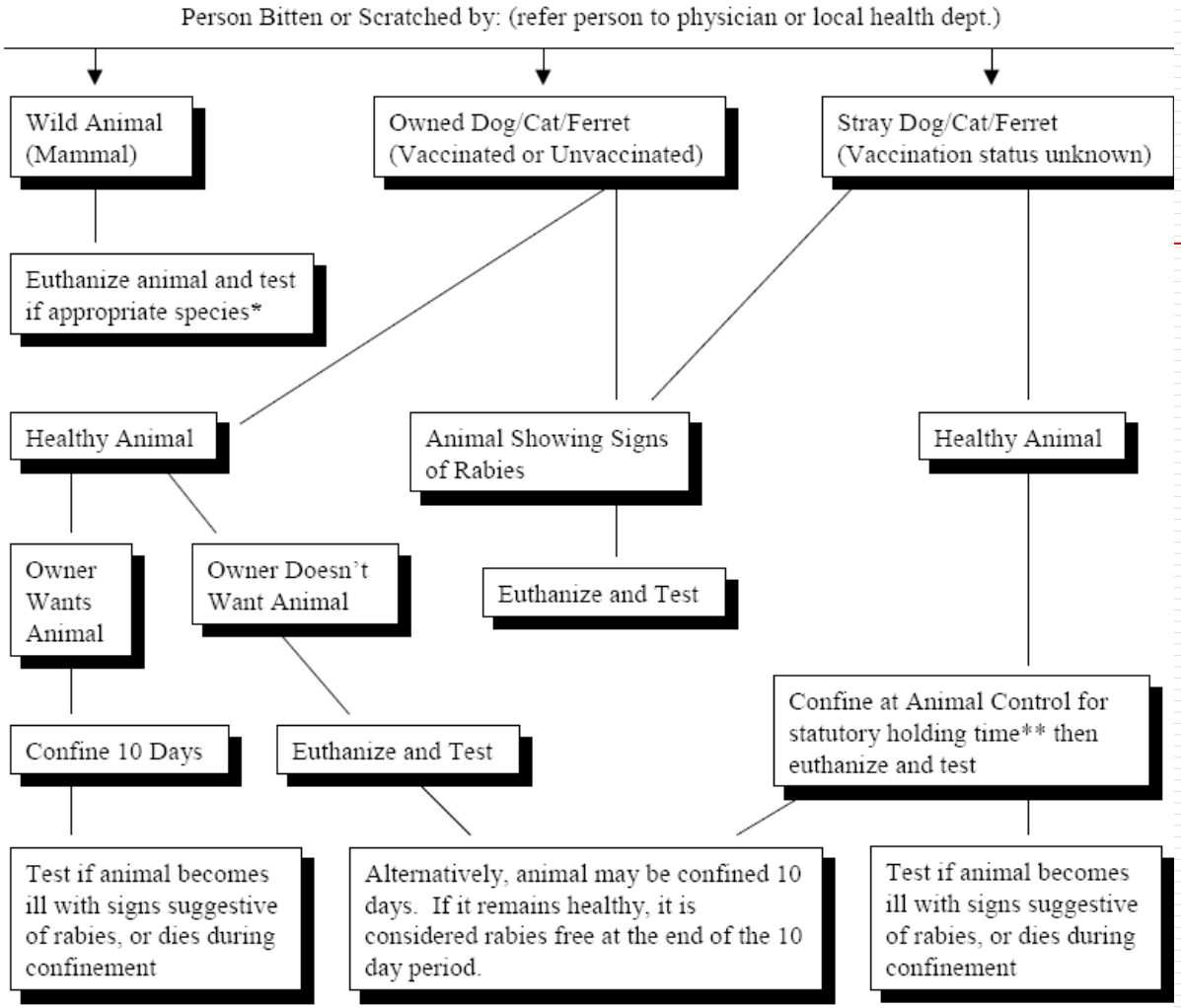
PROTOCOL FOR DOGS, CATS & FERRETS POSSIBLY EXPOSED TO RABIES


Dog/cat/ferret exposed [1] to bat or other wild animal (mammal)
Exposed dog/cat/ferret has *current* rabies vaccination [2]
Exposed dog/cat/ferret does NOT have current rabies vaccination
Revaccinate *Immediately* and have owner observe for 45 days
Test bat or other wild animal [3]
Euthanize & Test dog/cat/ferret for rabies if it becomes ill, with signs suggestive of rabies, or dies during observation period
Results are positive
Results are negative
Immediate euthanasia of exposed dog/cat/ferret
Vaccinate dog/cat/ferret against rabies
If Owner Refuses Euthanasia of Animal:
1. Strict confinement (i.e., quarantine for six months.)
2. Vaccinate for rabies at month five of confinement.
3. Euthanize and test dog/cat/ferret if it becomes ill with signs suggestive of rabies, or dies during confinement period.

Rabies (*continued*)

- Post-exposure Prophylaxis (PEP)
  - ✓ Provided based on assessment of exposure risk
- Pre-exposure Vaccine for Prophylaxis
  - ✓ Provided based on assessment of exposure risk
  - ✓ Three doses vaccine, given on days 0, 7, and 21 or 28
  - ✓ One dose of immune globulin and five doses of vaccine, given on days 0, 3, 7, 14, and 28

RABIES PROTOCOL FOR MAMMALS WHICH HAVE BITTEN PEOPLE


Person Bitten or Scratched by: (refer person to physician or local health dept.)
Wild Animal (Mammal)
Owned Dog/Cat/Ferret (Vaccinated or Unvaccinated)
Stray Dog/Cat/Ferret (Vaccination status unknown)
Euthanize animal and test if appropriate species*
Healthy Animal
Animal Showing Signs of Rabies
Healthy Animal
Owner Wants Animal
Owner Doesn't Want Animal
Euthanize and Test
Confine at Animal Control for statutory holding time** then euthanize and test
Confine 10 Days
Euthanize and Test
Test if animal becomes ill with signs suggestive of rabies, or dies during confinement
Alternatively, animal may be confined 10 days. If it remains healthy, it is considered rabies free at the end of the 10 day period.
Test if animal becomes ill with signs suggestive of rabies, or dies during confinement

*The following animals are NOT CONSIDERED LIKELY TO CARRY RABIES and will not be tested excep by special arrangements with the Michigan Department of Community Health (517) 335-8165: (After 5:00 p.m. and on weekends dial (517) 335-9030)

Chipmunk	**Gopher**	**Hamster**	**Mouse**	**Prairie Dog**	**Rat**	**Squirrel**
Gerbil	**Guinea Pig**	**Mole**	**Muskrat**	**Rabbit**	**Shrew**	**Vole**

Note: Woodchucks are an exception to this list and are tested.